

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033319

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 48

FILED AUG 28 1962

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SWEET SPRINGS</u>		c. CITY OR TOWN <u>LAMONTE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COMMUNITY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>RFD</u>	
3. NAME OF DECEASED (Type or print) First <u>Guy</u> Middle <u>BALLEW</u> Last <u>BALLEW</u>		4. DATE OF DEATH Month <u>AUG</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-3-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (City and state or country) <u>LINCOLN MO</u>	
13a. FATHER'S NAME <u>Geo. RALPH BALLEW</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MEANS BALLEW</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>33 ARDELLA BALLEW, LAMONTE MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarct</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>WW2</u> DUE TO (b) _____ DUE TO (c) _____		12. CITIZEN OF WHAT COUNTRY <u>U.S. A.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:05</u> a.m. <u>p.m.</u> Month, Day, Year <u>21 Aug '62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Green Ridge</u> COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>21 Aug '62</u> to <u>22 Aug</u> and last saw him alive on <u>22 Aug</u> . Death occurred at <u>11:05 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul Moore</u> (Degree or Title)		22b. ADDRESS <u>Green Springs</u>	
22c. DATE SIGNED <u>8-24-62</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-25-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREEN RIDGE Cem</u>	23d. LOCATION (City, town, or county) <u>Green Ridge</u> (State) <u>Mo</u>
24. FUNERAL DIRECTOR <u>PAUL MOORE</u> ADDRESS <u>LAMONTE MO</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 24, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Mary Moseley</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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AUG 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *H. H. Bailey*

Licensed Embalmer No. 3987

P. O. Address Houstonia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.